U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

m: , 04 12 31 04 Through:
address of labor organization.
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Number 024200
Room Number, if any
Cook Street
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ZIP Code + 4 6 2 7 0 3
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans monetary value from an employer whose employees your o) with, or derived income or other economic benefit of rganization represents or is actively seeking to represent
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, the submitted in this report (including the information contained in any account of the law).	
and other applicable periallies of the law in	nat all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signate	are an or the information
The standard of the standard o	invandic to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	my and is, to the best of the
windersigned a knowledge and belief, true, contest, and complete. Tode the section on negatives in the instructions t	

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Telephone Number

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary values and substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable or any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise		
Name and address of Business (including trade name, if any)	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	•		
	12.b. Amount.		
	12.b. Allocate		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		